

3/9/2018

Division of Corporations

M1800002409

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Harrison Finance LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Please file second after Coversheet
H180000777183, thank you! This is a Withdrawal and Registration.

Electronic Filing Menu

Corporate Filing Menu

MAR 12 2018
J. HARRIS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Harrison Finance LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida.
The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Mississippi 3. 64-0693324
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2510 14th Street 6. 2510 14th Street
(Street Address of Principal Office) (Mailing Address)
Gulfport, MS 39501 Gulfport, MS 39501

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the
place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I
am familiar with and accept the obligations of my position as registered agent.

By: [Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

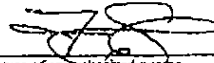
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
President	Todd Copie 2510 14th Street Gulfport, MS 39501	Vice President	John Keilholz 2510 14th Street Gulfport, MS 39501
Vice President	Mike Spriggs 2510 14th Street Gulfport, MS 39501	Vice President	Norman Toups 2510 14th Street Gulfport, MS 39501
Vice President	Jeanne Mayo 2510 14th Street Gulfport, MS 39501	Vice President	Clifton Nobles 2510 14th Street Gulfport, MS 39501
Secretary	Joy Lambert Phillips 2510 14th Street Gulfport, MS 39501	Sr. Assistant Secretary & Treasurer	Meghan Allen 2510 14th Street Gulfport, MS 39501
Assistant Secretary	Patricia K. Loupe 2510 14th Street Gulfport, MS 39501	Assistant Secretary	Teresa Z. Lygate 2510 14th Street Gulfport, MS 39501
Corporate Tax Officer	Elizabeth M. Lestelle 2510 14th Street Gulfport, MS 39501		

(Use attachments if necessary)

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SECRETARY OF STATE
TELLAHASSEE FLORIDA

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9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Todd Copie

Typed or printed name of signer

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2018 MAR -9 AM 8:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

HARRISON FINANCE LLC

Registered the 19th day of March, 1984

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

645 LAKELAND DRIVE EAST DR., STE 101
FLOWOOD, MS 39232

And that the registered agent at that address is:

C. T. CORPORATION SYSTEM

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 9th day of March, 2018

A handwritten signature in cursive script that reads "C. Delbert Hosemann, Jr." is written over a horizontal line.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18049427

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>